

Attorney's Docket No.: 10360-109001
Client's Ref. No. 16666ROUS01U**COMBINED DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled INTEGRATED MODELING ENVIRONMENT, the specification of which:

- [] is attached hereto.
[X] was filed on April 8, 2004 as Application Serial No. 10/820,295 and was amended on _____.
[] was described and claimed in PCT International Application No. _____ filed on _____ and as amended under PCT Article 19 on _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Denis G. Maloney, Reg. No. 29,670
David L. Feigenbaum, Reg. No. 30,378

Paul A. Pysher, Reg. No. 40,780
Holmes Anderson, Reg. No. 37, 272

Direct all telephone calls to DENIS G. MALONEY at telephone number (617) 542-5070.

Direct all correspondence to the following:

26161
PTO Customer Number


I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Full Name of Inventor: BRIAN CONNELL

Inventor's Signature: Brian ConnellResidence Address: 41 Hopewell Avenue, Ottawa, ON K1S 2Y7 CANADACitizenship: CanadaPost Office Address: 41 Hopewell Avenue, Ottawa, ON K1S 2Y7 CANADADate: July 12, 2004

Attorney's Docket No.: 10360-109001
Client's Ref. No.: 16666ROUS01U

Combined Declaration and Power of Attorney
Page 2 of 2 Pages


Full Name of Inventor: GREG WILBUR
Inventor's Signature: 
Residence Address: 180 Powell Avenue, Ottawa, ON K1S 2A3, CANADA
Citizenship: Canada
Post Office Address: 180 Powell Avenue, Ottawa, ON K1S 2A3, CANADA

Date: July 19, 2004

Full Name of Inventor: JOHN AFAGANIS

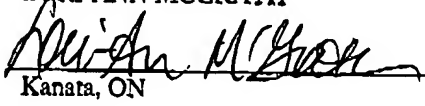
Inventor's Signature: _____ Date: _____
Residence Address: 9939 93rd Street, Fort Saskatchewan, AB, T8L 4H3, CANADA
Citizenship: Canada
Post Office Address: 9939 93rd Street, Fort Saskatchewan, AB, T8L 4H3, CANADA

Full Name of Inventor: IAN MACFARLANE

Inventor's Signature: 
Residence Address: 15 Victor Street Stittsville, ON K2S 1H9 CANADA
Citizenship: Canada
Post Office Address: 15 Victor Street Stittsville, ON K2S 1H9 CANADA

Date: July 14, 2004

Full Name of Inventor: LORI-ANN MCGRATH

Inventor's Signature: 
Residence Address: Kanata, ON
Citizenship: Canada
Post Office Address: 28 Castle Glen Cres
Kanata, ON K2L 4H1
CANADA

Date: July 12, 2004

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Full Name of Inventor: **BRIAN CONNELL**

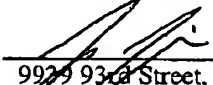
Inventor's Signature: _____ Date: _____
Residence Address: **41 Hopewell Avenue, Ottawa, ON K1S 2Y7 CANADA**
Citizenship: **Canada**
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Combined Declaration and Power of Attorney
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Inventor's Signature: _____ Date: _____
Residence Address: 180 Powell Avenue, Ottawa, ON K1S 2A3, CANADA
Citizenship: Canada
Post Office Address: 180 Powell Avenue, Ottawa, ON K1S 2A3, CANADA

Full Name of Inventor: JOHN AFAGANIS

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Full Name of Inventor: IAN MACFARLANE

Inventor's Signature: _____ Date: _____
Residence Address: 15 Victor Street Stittsville, ON K2S 1H9 CANADA
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Full Name of Inventor: LORI-ANN MCGRATH

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